



2015 Adult Kickball Registration



Team Name: _____

Coach's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Cell Phone: _____

Email Address: _____

PLEASE CIRCLE ONE:

Coed \$ 100.00

Amount Paid: _____

Receipt #: _____

Method of Payment: Check # _____ Cash Credit Card

Registration ends July 31, 2015.

For more info call Alex Wilcox at 662-841-6440

**ONCE REGISTRATION IS OVER NO REFUNDS WILL BE GIVEN
UNLESS LEAGUE DOES NOT FORM.**